



1108520

Name: _____

Withholding Account No: _____

UC Employer Account No: _____

Period Covered: ____/____/2011 - ____/____/2011
MM DD YYYY MM DD YYYY

File On or Before: ____/____/____
MM DD YYYY

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (from Schedule 2/C1, line 19b)
(Semiweekly filers complete Schedule 1/C1 on reverse side).....1. \$ _____
2. Less any semiweekly payments (From Schedule 1/C1, line 13 on reverse side)
(See instructions for Schedule 1/C1).....2. \$ _____
3. Income tax withholding due (line 1 minus line 2).....3. \$ _____

Part Two - Unemployment Contributions Report

- | | 1st Month | 2nd Month | 3rd Month |
|--|-----------|-----------|-----------|
| 4. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes for the payroll period which includes, the 12th of each month. If you had no employment in the payroll period, enter zero (0).....4. | _____ | _____ | _____ |
| 5. Number of female employees included on line 4. If none, enter zero (0).....5. | _____ | _____ | _____ |
| 6. Total Unemployment Compensation Gross Wages Paid this quarter
(from Schedule 2/C1, line 19a).....6. | \$ _____ | \$ _____ | \$ _____ |
| 7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS).....7.
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE. | \$ _____ | \$ _____ | \$ _____ |
| 8. Taxable wages paid in this quarter (line 6 minus line 7).....8. | \$ _____ | \$ _____ | \$ _____ |
| 9a. UC Contribution rate _____ UC Contributions due (line 8 times line 9a).....9b. | \$ _____ | \$ _____ | \$ _____ |
| 9c. CSSF rate .0006 CSSF Assessment (line 8 times line 9c).....9d. | \$ _____ | \$ _____ | \$ _____ |
| Note: The CSSF Assessment does not apply to direct reimbursable employers. See instructions. | | | |
| 10. Total Contributions and CSSF assessment due (line 9b plus line 9d).....10. | \$ _____ | \$ _____ | \$ _____ |

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10).....11. \$ _____

See Instructions for Electronic Filing and Payment Requirements and Options

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____ Contact Person Email: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: _____ Telephone: _____

Firm's Name (or yours, if self-employed): _____

Address: _____

Paid Preparer EIN: _____

Maine Payroll Processor License Number: _____

If enclosing a check, make check payable to:

Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065



If not enclosing a check,
MAIL RETURN TO:


MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

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Name:

Withholding
Account No.

UC Employer
Account No:

Period Covered: 



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Reconciliation of Semiweekly Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis (see instructions).

[illegible]

12. Withholding Amount this Quarter

Subtotal A.....\$, , .

Subtotal B \$, , .

Subtotal C.....\$, , .

Total\$, , .

13. Payment Amount this Quarter

Subtotal A.....\$, , . Subtotal B\$, , . Subtotal C.....\$, , .

Total (Enter on Form 941/C1-ME,
line 2).....\$, , .

SCHEDULE 2/C1 (FORM 941/C1- ME) 2011

Name: _____

Withholding
Account No.: _____ - _____

UC Employer
Account No: _____

Period Covered: _____ / _____ / **2 0 1 1** - _____ / _____ / **2 0 1 1**
MM DD YYYY MM DD YYYY



1108522

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Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing

All employers designated SEASONAL by Department of Labor, see instructions for column 16 on page 7.

INCOME TAX WITHHOLDING

Maine Income Tax

14. Payee Name (Last, First, MI)	15. Social Security Number	16. UC Gross Wages Paid	17. Withheld in the Quarter
a. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
b. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
c. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
d. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
e. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
f. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
g. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
h. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
i. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
j. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
k. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
l. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
m. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
n. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
o. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
p. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
q. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
r. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
s. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
t. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____
u. _____	____ - ____ - _____	\$ _____ , _____ . ____	\$ _____ , _____ . ____

18. Total of columns 16 and 17 on this page..... 18a. \$ _____ , _____ , _____ . ____ 18b. \$ _____ , _____ , _____ . ____

19. Total of columns 16 and 17 for ALL pages..... 19a. \$ _____ , _____ , _____ . ____ 19b. \$ _____ , _____ , _____ . ____
(Enter the amount from line 19b on 941/C1-ME, line 1)